



**AVOC
COURSE REQUEST FORM**

☐ Basic ☐ Refresher

(Please print clearly)

Instructor Name: _____ Telephone: _____

E-Mail Address: _____

Mailing Address: _____

Town: _____ Zip Code: _____

Course Date: _____ Location: _____

Course Requested by : _____

Assisting Instructors: _____

Instructor Signature: _____

Please send request form in to Maine EMS 7 days prior to course date.

Course Roster must be typed if requesting DMV license points (along with \$5 per student fee)

Please return Maine EMS course roster, DMV fees (if applicable) and evaluation forms to Maine EMS as soon as possible after completion of the course.

**Maine Emergency Medical Services
152 State House Station
Augusta, ME 04333**

Phone: 626-3860 Fax: 287-6251